

# Medical Statement for Student Requiring Special Meals Due to Food Allergy or Intolerance

Student Name:	District/School:
Birth Date:	School Contact Name:
Parent Name:	School Attending:
Address:	School Address:
Telephone:	School Phone:

**To be completed by a recognized medical authority such as a licensed physician, physician's assistant or nurse practitioner**

The school is not required to provide substitutions for an allergy or food intolerance, and is permitted to do so **ONLY** when omitted foods and appropriate substitutions are specified by a medical authority. If diet modifications are implemented by the school, they will continue until a medical authority specifies that they should be changed or stopped. Parents/guardians are asked to annually request updated instructions for diet modifications from a medical authority.

**Diet Prescription** (check all that apply):

- Student has a disability affecting the diet that meets the definition of "disability/handicapped" as described on the reverse side of this form. If yes, complete Medical Statement for Student with Disability Requiring Special Meals.
  
- Food Allergy (describe): \_\_\_\_\_
  
- Other (describe): \_\_\_\_\_

List the specific food(s) to be omitted and food(s) that may be substituted. If more space is needed for omitted foods or substitutions, please continue on reverse side of form.

**Omit Foods Listed Below:**

**Substitute Foods Listed Below:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Continued on reverse side)

**Medical Statement for Student with Food Allergies or Intolerances, continued**

**Comments:**

**Certification:**

I certify that the student named on this form needs the prescribed food and/or beverage omission(s) and substitution(s) due to his/her food allergy(ies) and/or food intolerance(s).

\_\_\_\_\_  
Signature of Medical Authority                      Phone Number                      Date

\_\_\_\_\_  
Signature of Preparer or Other Contact                      Phone Number                      Date

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I hereby give permission for the school staff to make the prescribed food and/or beverage omission(s) and substitution(s) in my child's school meals.

\_\_\_\_\_  
Parent/Guardian Signature                      Date

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**Definition of Disability**

Federal regulations governing the Child Nutrition Programs provide that schools must make substitutions in breakfasts, lunches and after school snacks for students who are considered to have a disability and whose disability restricts their diet.

Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a "person with a disability" means "any person who has a physical or mental impairment which substantially limits one or more major life activity, has a record of such impairment, or is regarded as having such an impairment."

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as:

- Orthopedic, visual, speech and hearing impairments
- Cerebral Palsy
- Epilepsy
- Muscular Dystrophy
- Multiple Sclerosis
- Cancer
- Heart disease
- Metabolic diseases, such as diabetes or phenylketonuria (PKU)
- Food anaphylaxis (severe food allergy)
- Mental retardation
- Emotional illness
- Drug addiction and alcoholism

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.